

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6216

166

83a

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Edna Ruth Ashby.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married.

Jesse J. Ashby.

6. (b) Name of husband or wife.....

58 years

7. Birth date of deceased (mo., day, yr.) May 16th, 1892

8. AGE: Years	Months	Days	If less than one day
56	1	14	hrs. min.

9. Birthplace.....
(Town, county, and state)

Pennsylvania.

10. Usual occupation.....

House Wife.

11. Industry or business

12. Name..... Charles U. Edwards.

13. Birthplace..... White Sulpher Springs.

14. Maiden name..... Carrie Yeager.

15. Birthplace..... White Sulpher Springs.

16. Informant..... Mr. J. J. Ashby.

Address..... Oakland, Md.

17. Burial..... Date thereof..... July 3d/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Oakland Cemetery

Location..... Oakland, Md.

18. Funeral director..... funeral D. Bolden

Address..... Oaklakland, Md.

19. Date rec'd by Registrar..... July 3d, 1948

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Garrett

City or town..... Oakland, Md. (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None.

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 30 June 1948 at 7 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

26 July 1948 to 30 June 1948

and that I last saw her alive on 30 June 1948

Immediate cause of death.....

Cerebral Hemorrhage

DURATION

3 hrs

Due to.....

Hypertension

Due to.....

Hypertension

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

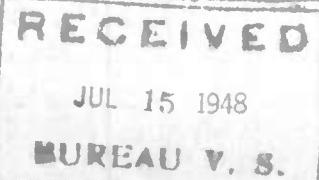
Means of Injury.....

Injured at work?

23. SIGNATURE..... Ed. Phane M.

M. D. or other

Address..... Oakland, Md. Date signed 6 Jul 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6217

184

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

Garrett

County

Oakland, Md., Rd. #2

(If outside city or town limits, write RURAL and give nearest town)

Life time

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Lee Bachtel Jr.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Single.

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

April 19th, 1932.

8. AGE:

Years

Months

Days

If less than one day

16

1

25

hrs.

min.

9. Birthplace

Oakland, Md.

(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

MOTHER FATHER

John Lee Bachtel Sr.

12. Name

John Lee Bachtel Sr.

13. Birthplace

Oakland, Md. Rd. #2

Residence

14. Maiden name

Lena Shaffer.

15. Birthplace

Oakland, Md., RD #2

16. Informant

John Lee Batchel, Sr.

Address

Oakland, Md., RD #2

17. Burial

Burial

Date thereof June 17th/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Johns Lutheran Cemetery

Location

Red House, Maryland.

18. Funeral director

Elmer D. Bolden

Address

Oakland, Md.

19. 6/17

1948

(Date rec'd by registrar)

Elmer C. Shaffer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Garrett

City or town Oakland, Md.,

Rd. #2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none.

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 14

1948

at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Bummed after death

19

and that I last saw h... alive on

19

Immediate cause of death

Gun shot wound of head
up the destruction of brain

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

Where did injury occur

on farm

Date of

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Farm

Means of injury

shot with rifle

Injured at work

T

23. SIGNATURE

Elmer C. Shaffer

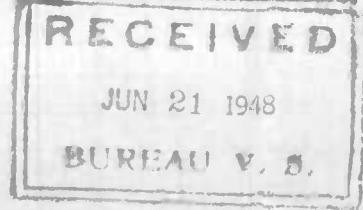
M. D. or other

Address

Oakland, Md.

Date signed

6/17/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6218

CERTIFICATE OF DEATH

518
Reg. Dist. No. 162

1. PLACE OF DEATH:

County..... Garrett

City or town..... Rural Near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Noah Brennamon

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced

Male W Widowed

6.(b) Name of husband or wife..... Barbara Brennamon

7. Birth date of deceased (mo., day, yr.)..... May 7/1871

B.(c) If alive, give age..... years

8. AGE: Years..... 77 Months..... - Days..... 25 It less than one day..... hrs. min.

9. Birthplace..... Near Bittinger Md

(Town, county, and state)

10. Usual occupation..... Minister

11. Industry or business

12. Name..... John Brennamon

13. Birthplace..... New Germany Md

14. Maiden name..... Lydia Beachy

15. Birthplace..... R.d. Accident Md

16. Informant..... C.E.Bender

Address..... Salisbury R.D. T.Pa

Burial..... Date thereof..... June-4-1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Mapel Glen

Location..... Near Grantsville Md

18. Funeral director..... Wm. Winterberg

Address..... Grantsville Md

19. Date rec'd by registrar..... June 3 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md County..... Garrett

City or town..... Rural Near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... June 1 19 48 at 9.30a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 6 1895 to June 1 19 48 and that I last saw him alive on May 31 19 48

Immediate cause of death.....

Due to..... Carcinoma of the prostate 8 years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

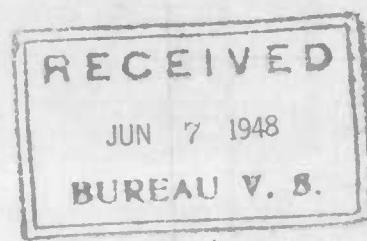
Means of injury

Injured at work?

23. SIGNATURE..... Alexander Solosko, M.D.

M. D. or other

Address..... Salisbury Pa. Date signed..... 1/3/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6219

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:
Garrett
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 38Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME Denton Jaques Butts

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife..... Sarah Jane (Adams) Butts

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1864

8. AGE: 83 Years | Months 6 | Days 0 | If less than one day hrs. min.

9. Birthplace..... Cherry Run, Morgan Co., W.Va.

(Town, county, and state)

10. Usual occupation..... Track Foreman-Retired

W.Md. R.R.

11. Industry or business.....

12. Name..... Joseph Butts

13. Birthplace..... Virginia

14. Maiden name..... Rose Ann Potter

15. Birthplace..... Virginia

16. Informant..... Mrs. Sarah J. Butts

Gorman, W.Va.

Address..... Burial

17. (Burial, cremation, or removal. Which?) Date thereof..... July 3 1948

Cemetery or crematory..... St. Clair Cemetery

Location..... Cross, Mineral Co., W.Va.

18. Funeral director..... Otha F. Sharpless

Address..... Blaine, W.Va.

19. 7/3 1948 E. C. Shaffer

(Date rec'd by registrar) (Date signed) (Signature) (M. D. or other)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State..... Maryland County..... Garrett
City or town..... Gorman

(If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 48 at 4:15P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. 1 m. alive on

Immediate cause of death..... Bilateral Bronchitis-Pneumonia

Due to..... Inflammation

Due to..... Similarity

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE..... Ralph Colandella, M.D.

Address..... 175 Main St., W. Va. Date signed..... July 1948

RECEIVED

JUL 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6220

CERTIFICATE OF DEATH

166

Reg. Dist. No. 94a

1. PLACE OF DEATH:

County: Garrett
City or town: Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Alvy Lee Foltz.

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife Loretta Foltz.

7. Birth date of deceased (mo., day, yr.) May 11th, 1897

8. AGE: Years Months Days If less than one day
51 1 13 hrs. min.9. Birthplace Columbia Furnace, Va.
(Town, county, and state)

10. Usual occupation Wood Foreman.

11. Industry or business

12. Name James E. Foltz.

13. Birthplace Virginia.

14. Maiden name Ettie Hottle.

15. Birthplace Virginia.

16. Informant Mrs. Loretta Foltz.

Address Gormanian, W. Va.

17. Burial Date thereof June 27/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Pope Cemetery.

Location Near Gormanian, W. Va.

18. Funeral director Harry D. Bolden
Address Oakland, Md.19. 4/37 19 48 Julia A. Brown
(Date rec'd by registrar) (Date signed) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: West Va. County:

City or town: Gormanian, W. Va.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

236-03-6185

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 June 19 48 at 11:50A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

26. April 19 48 to 24 June 19 48
and that I last saw him alive on 24 June 19 48

Immediate cause of death

Coronary occlusion.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

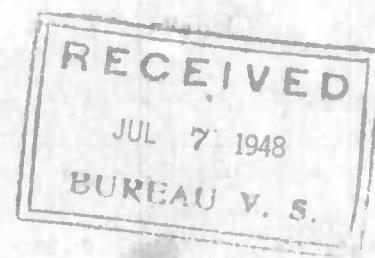
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: *AS Shaver* M. D. or otherAddress: *Oakland Md* Date signed *27 June 48*

Certified Copy



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

6221

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

Garrett

County

Kitzmiller

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Yrs.

Home or institution, street address where death occurred:

Centre St.

How long in hospital or institution?

3. (a) FULL NAME

Thomas Burton Gough

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Anna Leota (Gustkey) Gough

7. Birth date of deceased (mo., day, yr.)

Dec. 21, 1877

66

(b) If alive, give age years

8. AGE:

Years
70Months
5Days
23

If less than one day

..... hrs. min.

Bremen, Texas

9. Birthplace

(Town, county, and state)

Retired Miner

10. Usual occupation

Coal Mines

11. Industry or business

Hiram Gough

12. Name

13. Birthplace

Emily Henderson

14. Maiden name

15. Birthplace

16. Informant

Mrs. Evelyn Winograd

Scituate, Mass.

Address

Burial

June 16 1948

Date thereof (month) (day) (year)

(Burial, cremation, or removal, Which?)

Nethken Hill Cemetery

Cemetery or crematory

Elk Garden, W.Va.

Location

18. Funeral director

Otha F. Sharpless

Address

Blaine, W.Va.

19. June 15 1948

(Date rec'd by registrar)

A. M. Barrick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Garrett

City or town Kitzmiller

Centre St. (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

no

2.(a) If veteran, name war

3. (b) Social Security Number
217-09-8082

MEDICAL CERTIFICATION

June 14

48

10:10A

19

at M

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 7 1948, to June 14 1948
and that I last saw h. i. alive on June 14 1948

Immediate cause of death

Bilateral Bronchopneumonia / diag

Due to

Cerebral Hemorrhage with

left radial palsy

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

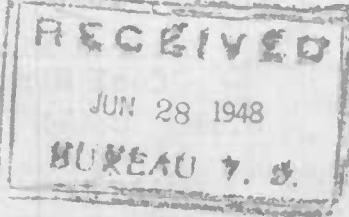
23. SIGNATURE

M. D. or other

Address Ralph Lalandella M.D.

Kittanning M.D.

Date signed June 15-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6222

CERTIFICATE OF DEATH

Reg. Dist. No. 830 162

1. PLACE OF DEATH:

County..... Garrett

City or town..... R.D. Accident Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 50 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Carline Kolb

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Henry Kolb

7. Birth date of deceased (mo., day, yr.) May -24 1858 6. (c) If alive, give age years

8. AGE: Years 90 Months - Days 7 If less than one day hrs. min.

9. Birthplace..... Accident Md. Garrett Co

(Town, county, and state)

House Work

10. Usual occupation.

11. Industry or business

12. Name John George

13. Birthplace Not Known

14. Maiden name Catherine Simon

15. Birthplace Germany

16. Informant Melchor Kolb

Address R.D. Accident Md

17. Burial

(Burial, cremation, or removal. Which?) Date thereof 6-4-1948

(month) (day) (year)

Cemetery or crematory Accident

Location Accident Md

18. Funeral director

Address Grantsville Md

19. June 3, 1948 Ethel Broadwater
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Garrett

City or town Rural Near Accident

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH June 2nd 1948 at 4 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22nd 1947, to June 2nd 1948 and that I last saw her alive on June 2nd 1947.

Immediate cause of death

Cerebral hemorrhage

DURATION

1 hour

Due to Arteriosclerosis

5 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

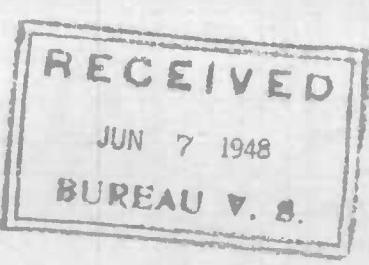
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Melvin Tepper, M.D. M. D. or other

Address Friendsville, Md. Date signed June 3, 1948





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6223

Reg. Dist. No. 167

CERTIFICATE OF DEATH

832

1. PLACE OF DEATH:
County Garrett
City or town Rural, Gorman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Several Years
Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Mary Gorman
(If outside city or town limits, write RURAL and give nearest town)
Street No. Backbone Mt. Rd., Gorman, W. Va.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME
Mrs. Agnes Shillingburg Kuhn.

3. (b) Social Security Number
None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife William Summers Kuhn
Deceased.

7. Birth date of deceased (mo., day, yr.) 6-21-1870

6.(c) If alive, give age years

8. AGE: Years 77 Months 11 Days 24 If less than one day hrs. min.

9. Birthplace Mt. Storm, W. Va.
(Town, county, and state)

10. Usual occupation House wife.

11. Industry or business

MOTHER FATHER 12. Name Lewis Driden Shillingburg

13. Birthplace Criders, W. Va.

14. Maiden name Sara Moumow.

15. Birthplace Criders, W. Va.

16. Informant Mrs. Cecelia Silfies.

Address Fredericktown, Pa. R.D. #1.

Burial 17. Date thereof June 16/48
(Burial, cremation, or removal. Which?) R.R. (month) (day) (year)

Cemetery or crematory Fairview Cemetery.

Location Near Table Rock, Md.

18. Funeral director Emory D. Bolden

Address Eastland, Md.

19. 6/21/48 Elmer C. Shaffer

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION P. M.

20. DATE OF DEATH June 18th, 1948, at 10:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased on June 11, 1948, to 19.

and that I last saw her alive on 6/11/48, to 19.

Immediate cause of death Shock + cerebral hemorrhage. DURATION 3 days

Due to Exposure - being lost all night DATE 6/10/48

Due to Sensitivity & Asthma DURATION 5 yrs.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

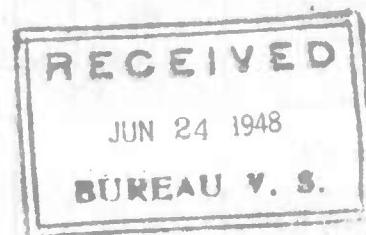
Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Harold C. Miller, M.D. M. D. or other

Address Eaton, W. Va. Date signed 6/17/48

1870-6-21
1948-6-24
77-11-24



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

6224

166

Reg. Dist. No.

1. PLACE OF DEATH: Garrett
 County
 City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 42 years
 Hospital, Institution, or street address where death occurred:

 How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State Maryland County Garrett
 City or town Mt. Lake Park
(If outside city or town limits, write RURAL and give nearest town)
 Street No. -----
(If rural, give LOCATION)
2.(a) If veteran, name war. -----

3. (a) FULL NAME Ida May Lee
 4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 B.(b) Name of husband or wife Joseph Lee
 7. Birth date of deceased (mo., day, yr.) August 29, 1859 6. (c) If alive, give age ----- years
 8. AGE: Years Months Days If less than one day
 88 9 8 hrs. min.
 9. Birthplace Garrett Co., Md.
(Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 MOTHER FATHER 12. Name Samuel Engle
 13. Birthplace Penna.
 14. Maiden name Catherine Hoye
 15. Birthplace Garrett Co., Md.
 16. Informant Miss Nellie Lee
 Address Mt. Lake Park, Md.

Burial June 8, 1948
 17. (Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)
 Oakland Cemetery
 Cemetery or crematory
 Location Oakland, Maryland.
 18. Funeral director Herbert C. Leighton
 Address Oakland, Maryland.
 19. (Date rec'd by registrar) June 8, 1948
 Registrar Julia A. Brown

3. (b) Social Security Number -----

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1948 at 5:20A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 27, 1948, to June 6, 1948, and that I last saw her alive on June 6, 1948.

Immediate cause of death Coronary occlusion

Due to Arteriosclerotic Heart Disease 10 yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

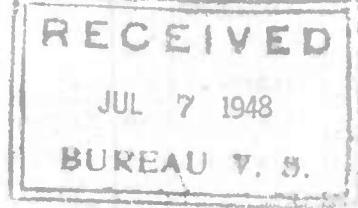
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lee Anne New
 M. D. or other
 Address Oakland Med. Date signed 6/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6225

CERTIFICATE OF DEATH

48a
Reg. Dist. No. 168

1. PLACE OF DEATH:

County SomersetCity or town Frostburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Ida Agnes McKenzie

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Alban McKenzie7. Birth date of deceased (mo., day, yr.) Jan. 27 - 1880

6. (c) If alive, give age years

8. AGE: Years 67 Months 5 Days 9 If less than one day hrs. min.9. Birthplace Somerset Co., Pa.
(Town, county, and state)10. Usual occupation Nursing

11. Industry or business

12. Name Wm. Brown13. Birthplace Pa.14. Maiden name Lucinda Lee Pennington15. Birthplace P. O. Box 2 Frostburg, Md.16. Informant Phys. Dir. Ida McKenzieAddress Frostburg, Md. P. O. Box 217. Burial Date thereof 6-19-1948
(Burial, cremation, or removal, W. H.?) (month) (day) (year)Crematory or crematorium St. Joseph's CemeteryLocation Frostburg, Md.18. Funeral director Jacob BakerAddress Frostburg, Md.19. Date rec'd by registrar June 18 1948
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.City or town P. O. Box 2

(If outside city or town limits, write RURAL and give nearest town)

Street No. Frostburg Rd.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1945 1945 to June 16 1948

and that I last saw her alive on May 31 1948

Immediate cause of death

Carcinomaof cervix

Due to

generalCarcinomatous

Other condition

(Include pregnancy within 3 months of death)

Major findings or operations

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

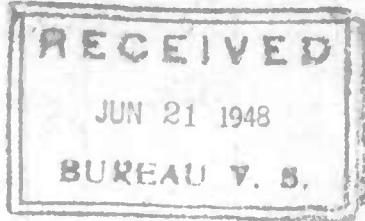
Means of injury

Injured at work?

23. SIGNATURE Wm. Lane MD

M. D. or other

Address Frostburg, Md. Date signed 6-18-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6226

CERTIFICATE OF DEATH

168

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Bert Ervin Minick

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

white

6. (b) Name of husband or wife

Edna Minick

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Sept. 29th, 1895.

8. AGE:

Years
52Months
8Days
12

If less than one day

hrs. min.

9. Birthplace

Frostburg

(Town, county and state)

10. Usual occupation

miner

11. Industry or business

coal mine

MOTHER FATHER

12. Name

Ed Minick

13. Birthplace

Garrett County

14. Maiden name

Lily M. [unclear]

15. Birthplace

Penns. [unclear]

16. Informant

Mrs. Edna Minick

Address

R. D. 2 - Frostburg, Md.

17. Burial

Date thereof June 14 '48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

St. Michael's

Location

Frostburg, Md.

18. Funeral director

R. Kurst

Address

Frostburg, Md.

19. Date rec'd by registrar

June 13 1948 Mrs. Edna Minick

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Frostburg R. D. 2

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

213-22-4210

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 11 1948 at 3:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 15 1948 to June 11 1948

and that I last saw him alive on June 4 1948

Immediate cause of death

Exhaustive & Hypostasis

Congestive lung

Due to Cancer of right lung & year

Due to

Other conditions 20 weeks pregnancy

due to tuberculosis in brain 2 years

(Include pregnancy within 8 months of death)

Major findings of operations Consolidated left lung

with abscess in lower lobe May 1-48 Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

F. Alan G. Murray M. D. or other

Address Cumtuckland and Date signed June 11 '48

RECEIVED
JUN 15 1948.
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6227

CERTIFICATE OF DEATH

Reg. Dist. No. 97

166

1. PLACE OF DEATH: Garrett.

County.....

Swanton.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Rosa Galia Rhodes.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married.

8. (b) Name of husband XXX Arthur Rhodes.

7. Birth date of deceased (mo., day, yr.) April 11, 1891. 8. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
57 2 11 hrs. min.B. Birthplace Elk Garden, W. Va.
(Town, county, and state)

10. Usual occupation. Housewife.

11. Industry or business

12. Name John C. Buckalew.
MOTHER FATHER 13. Birthplace Terra Alta, West Va.14. Maiden name Martha Shaffer.
15. Birthplace Terra Alta, West Va.16. Informant Arthur Rhodes.
Address Swanton, Maryland.17. Burial, Date thereof 6-30-1948.
(Burial, cremation, or removal. Which?)Cemetery or crematory George Cemetery,
Location Swanton, Maryland.18. Funeral director W. Harold Redlock
Address Piedmont, West Va.19. (Date rec'd by registrar) 6/30/48 19. (Date of death) 4/30/48 20. (Cause of death) Julia A. Rosamond
Address Zocae Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Garrett.

City or town Swanton.
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948. 19. 4:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19. 4:6 P.M. to June 27 1948
and that I last saw her alive on June 27 1948

Immediate cause of death Cerebral arteriosclerosis

Due to Generalized arteriosclerosis 3 yrs DURATION
10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

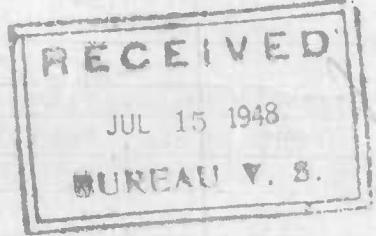
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Shaffer, M.D. M. D. or other

Address Piedmont, W. Va. Date signed 6-28-48



Mr. Haller

Please try to find my letter

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46b

6228

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County GarrettCity or town Accident, Md. R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lucy Etta Riley4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Edward M. Riley7. Birth date of deceased (mo., day, yr.) December 25, 1888 6.(c) If alive, give age 59 years8. AGE: Years 59 Months 5 Days 28 If less than one day _____ hrs. _____ min.9. Birthplace Markleton, Penna. (Town, county, and state)10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER 12. Name Curtiss Freemont Weyant13. Birthplace Unknown14. Maiden name Joanna Harbaugh

Penna.

16. Informant Mrs. Dale E. ReeseAddress Friendsville, Md. R. F. D.17. Burial Burial Date thereof 6/26/48 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Addison CemeteryLocation Addison, Pa.18. Funeral director H. B. RishbargerAddress Addison, Pa.19. June 24, 1948 (Date rec'd by registrar)Signature Katherine J. Riley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural (If outside city or town limits, write RURAL and give nearest town)Street No. Addison R. F. D.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1948, at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 2, 1947, to June 23, 1948,and that I last saw her alive on May 15, 1948.

Immediate cause of death

Cancer of Stomach

DURATION

?

Due to ?Due to ...Other conditions ...

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

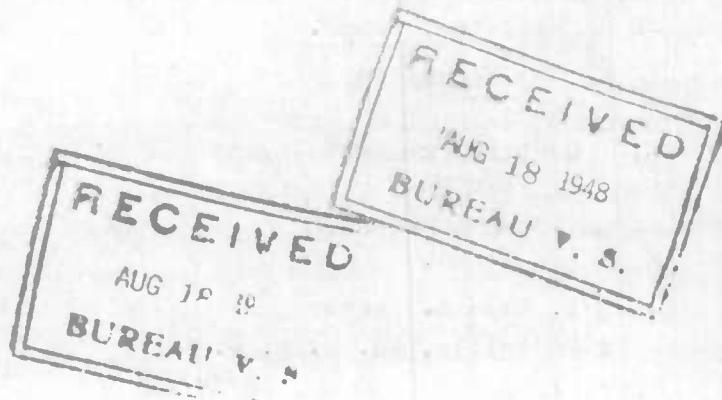
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of ...Where did injury occur? ... (City or town) ... (County) ... (State)Injured at home, farm, industry, public place (where?) ...Means of injury ...Injured at work ...23. SIGNATURE J. T. Slover M.D.

M. D. or other

Address Friendsville, Md.Date signed 8-2-48

SEE FILM NO 9111 - 8-23-48
ABOUT DIFFERENCE IN DATE
OF DR'S SIGNATURE



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6229

836

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

Garrett
County.....
City or town.....

Oakland, Md., Route #2.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Oscar C. Roth,

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married.

6.(b) Name of husband or wife Susan Bittner Roth.

7. Birth date of deceased (mo., day, yr.) March 2d, 1873.

6.(c) If alive, give age 72 years

8. AGE: Years Months Days If less than one day
75 11 2 0 hrs. min.9. Birthplace..... Oakland, Md. Route #2.
(Town, county, and state)

10. Usual occupation..... Retired Farmer.

11. Industry or business

12. Name..... Henry Wm. Roth.
13. Birthplace..... Preston County, W. Va.14. Maiden name..... Susan Charlotte Hopkins.
15. Birthplace..... Preston County, W. Va.16. Informant..... Mrs. Susan Roth.
Address..... Oakland, Md. Route #2.17. Burial Date thereof..... June 4th/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory..... St. John's Cemetery.

Location..... Red House, Md.

18. Funeral director..... George D. Goldfarb
Address..... Baltimore, Md.19. (Date rec'd by registrar) 6/9 1948 E. C. Shaffer
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland. County..... Garrett

City or town..... Oakland, Md., Route #2.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None.

MEDICAL CERTIFICATION

A.M.

20. DATE OF DEATH..... June 2d, 1948. at 9:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to June 2nd 1948
and that I last saw him alive on June 1st 1948.

Immediate cause of death..... Acidosis (Urticaria?)

DURATION

24 hrs.

Due to..... Coecal thrombosis with mobility 3 days

To....

Due to..... Prolonged illness, bronchiectasis, 8 yrs.
and diverticulitis of colon. 8 yrs.

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

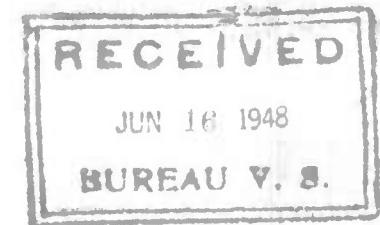
Means of injury.....

Injured at work?

23. SIGNATURE..... Harold C. Miller, M.D.

M. D. or other

Address..... Egmon, W. Va. Date signed..... 6/1/48



PLEASE WRITE PLAINLY, WITH LUXFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6230
1316

CERTIFICATE OF DEATH

166

Reg. Dist. No.

1. PLACE OF DEATH:

Garrett
County.....

Mt. Lake Park Maryland.

(If outside city or town limits, write RURAL and give nearest town)

2- months

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Kiser Nursing Home

How long in hospital or institution?

3. (a) FULL NAME

Laura Cornelia Shrout

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female white widow

6.(b) Name of husband or wife.....

William S. Shrout

7. Birth date of deceased (mo., day, yr.).....

October, 24, 1859

6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day

88 7 23 hrs. min.

8. Birthplace.....

(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

Peter Miller

13. Birthplace.....

Virginia

14. Maiden name.....

Julia Seabright

15. Birthplace.....

Virginia

16. Informant.....

Mrs. Mildred Paugh

Address.....

Piedmont. W.VA.

17. Burial.....

Date thereof.....

June 20 - 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory.....

Queen Point Cemetery

Location.....

Keyser, Mineral Co. W.VA.

18. Funeral director.....

Ellsworth S. Boal

Address.....

Westernport Md.

6-20-48

(Date rec'd by registrar)

19.

19.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland. County.....

Garrett

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

June 17, 1948

19

2:15

P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April, 20, 1948, to June 17, 1948,

and that I last saw her alive on June 17, 1948.

Immediate cause of death.....

Chronic Nephritis. Arthritis of feet and ankles, Heart attack.

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

Edward E. Sollars, Jr., Julia A. Rowan

Permittee of Doctor M. D. or other

Address.....

Deer Park, Md.

Date signed.....



Dr. Hedrick.

I signed the certificate
for Doctor Soenne with
her permission.

Doctor has been sick
and is so nervous he
can not hold the pen
well enough to write
so it could ~~be~~ received

JUL 7 1948.

Jaria A. ~~Reverend~~ P. S.
Local Registrar